



ESSAY

Society for the Protection of the Health of the Jewish Population (OSE): Jewish Humanitarian Mission for over 100 Years

Olga Potap

Boston University, Boston (MA), USA

Marc Cohen

OSE—Œuvre de Secours aux Enfants, Paris, France

Grigori Nekritch

OSE—Œuvre de Secours aux Enfants, Paris, France

ABSTRACT

The essay's primary purpose is to bring to the attention of readers interested in the history of the Jewish people that the dramatic 20th century is not only the victims of the Holocaust—and not only the heroism of the military on the battlefields. It is active resistance to barbarism—the rescue of defenseless people through daily civilian activities, nevertheless associated with a constant risk to life. This essay examines non-political and non-religious secular Jewish welfare society within Jewish political and national movements. Five historical periods of the activity of OSE are considered: 1912–1922; 1922–1933; 1933–1945; 1945–1950; 1950–present time. This chronological classification is somewhat imperfect; however, each period reflects the dynamic of functional changes in the initial tasks of the society to review the goals of the organization to satisfy the urgent needs of the European Jewish community in a debatable circumstance of the 20th–21st centuries.

KEYWORDS

Society for the Protection of the Health of the Jewish Population (OSE), Œuvre de secours aux enfants, World Union OSE, Jewish welfare, Jewish philanthropy, Jewish health care

Received 17 May 2021

Accepted 21 June 2021

Published online 9 July 2021

© 2021 Olga Potap, Marc Cohen, Grigori Nekritch

opotap@bu.edu

m.cohen@ose-france.org

g.nekritch@ose-france.org

Introduction

This essay explores the humanitarian mission of the Society for the Protection of the Health of the Jewish Population (OSE), founded in Russia in 1912. The name of this organization was translated from its Russian title “Общество Здравоохранения Евреев” and abbreviated in Russian as “ОЗЕ”. The Society changed its legal name several times to fulfill its humanitarian tasks in different countries. Still, the abbreviation OSE remains the same as the symbol of the land of its origin.

The authors analyze the mission of the Society, which encompasses its path of Jewish philanthropy for over one hundred years. The essay will consider the following historical and substantive aspects of the activities of the OSE:

- Firstly, the authors overview the phenomenon of Jewish philanthropy at the beginning of the 20th century in Eastern Europe and discuss the necessity of creating the medico-social service for Jews in pre-World War I period, especially in the Pale of Settlement of Imperial Russia.
- The second part of the essay explores the activities of the OSE during World War I and immediately after the war period.
- The third part describes the operating of the OSE during WWII and after the war period¹.
- The fourth part outlines the role of the OSE in the caregiving of the Holocaust survivors and survivors' children.
- The fifth part of this essay depicts the role of the OSE among the first responders during COVID-19. Naturally, this chapter has an open-end since the problem of COVID-19 is far from being solved.
- In conclusion, the authors sum up the Society's uniqueness, which places it among the first responders solving the Jews' problems in many countries in different periods of the 20th and 21st centuries.

Figure 1
OSE Logo



Retrieved from <https://www.ose-france.org>

Jewish Benevolence at the End of the 19th Century and the Beginning of the 20th Century

A brief analysis of the early days' history of the OSE outlines the new directions in developing Jewish welfare at the end of the 19th century and the beginning of the 20th century. The main characteristics of Jewish benevolence were:

- Domination of the national idea;

¹ The co-author of this paper, Olga Potap, previously published an essay dedicated to the early days of the OSE and its activities during World Wars I and II in the monograph *Conventions, Quotas, Refugees: European Jews in 1938–1945* (Potap, 2020). Therefore, these periods are briefly described in the essay.

- The secularization of the humanitarian movement;
- Changes in the forms of management of the Jewish welfare organizations.

By the end of the 19th century, there were thousands of Jewish cultural and welfare organizations in Russia whose pursuit was “a combination of *shtaldanstvo*² and activities focused on protest and propaganda actions against anti-Semitic measures and acts of the Russian government” (Gassenschmidt, 1995, p. 1).

In the twelfth chapter of his book *Nationalism and History* entitled *On the Tasks of the Folkspartay*, Simon Dubnow, the Russian Jewish historian (1860–1941), proposed uniting Jewish organizations under the Union of Jewish Communities. He wrote: “The unit of self-administration in our time can only be the free people’s community (*Volksgemeinde*), with elected councils that administer the local cultural institutions, co-operatives, and philanthropic agencies” (Dubnow, 1958, p. 229).

Dubnow’s proposal was by no means an idealistic approach. Ben Halpern and Jehuda Reinharz (both professors of modern Jewish history, USA) write in their article *Nationalism and Jewish Socialism: the Early Years*: “The sudden economic and political shifts of the middle decades of the nineteenth century in Russia severely shook established Jewish settlement and occupational pattern” (Halpern & Reinharz, 1988, p. 220). Political and economic changes in Jewish communal life impacted the community’s cultural and social life. Secularization of Jewish communal life in big industrial and cultural centers inside the Pale of Settlement, and especially outside of it, affected the Jewish welfare organizations’ activities.

Jacob Lestschinsky, a social scientist (1876–1966) in his research dedicated to studying the Jewish philanthropic organizations in Vilna, confirmed this conclusion. In his work published in 1914, *Evreiskaia blagotvoritel’nost’ goroda Vil’ny* [Jewish Benevolence in Vilna] he analyzed a new trend in the development of the Jewish welfare at the beginning of the 20th century. His study of Jewish benevolence is grounded on social and economic characteristics of Jewish communal life.

Studying the traditions of the Jewish aid, Lestschinsky accentuated two major national characteristics:

- A special relationship between donors and recipients. In non-Jewish communities, the communal charity recipients were sick, poor, disabled, and uneducated people. There is evidence of a social and economic gap between donor and recipient; also, the communal help covered only the community’s members’ immediate needs. By contrast, in Jewish communities, often no difference in social and economic status existed between donors and recipients. Jewish philanthropy and charity covered not only necessities but also some luxuries. Lestschinsky also mentioned that it was not unusual in Jewish communities for the donor’s social and economic status to be lower than that of the recipient.
- Participation of the community’s members in humanitarian activities. Lestschinsky characterized Jewish welfare as a unique form of self-help. From his perspective, the Jewish self-help was a circle: recipient and donor constantly

² *Shtadlan* is an elected or self-appointed Jewish emissary pleading the cause of his people before the authorities as intercessor. <https://jel.jewish-languages.org/words/1650>

exchanged roles. His conclusion is grounded on the analysis of the statistical data of the charitable organizations' income sources. The primary source of income came from the donations of the community members. The outside contributions provided only 11% of the total contribution.

Lestschinsky viewed Jewish philanthropy and charity in Vilna as a form of communal self-help, where the recipients of the collective help were, at the same time, also donors. He explains these national characteristics of Jewish benevolence by economic and social instability inside the Jewish community during the centuries, making the transition from relative well-being to poverty a ubiquitous phenomenon. The author ascertained the dual and interconnected responsibility between individual and community, defining this phenomenon as a unique national characteristic of Jewish philanthropy.

An overview of Jewish welfare practice would be incomplete without understanding the relationship between the practical tasks of the OSE and spiritual practices of Jewish philanthropy, especially in the medical field. Even a cursory examination of the Code of Jewish Law (*Schulchan Aruch*)³ outlines the Jewish health care laws as a paradigm of interconnected laws, including the following:

- Preventive hygiene and medicine (Law Relating to Physical Preservation and the Precept "Not to Destroy");
- Treatment of the sick (Law Concerning One Who is Sick, the Doctors, and Remedies);
- Social responsibility for the care of the sick (Law Concerning Visiting the Sick).

In the Jewish tradition, the observance of hygiene rules and care for the sick were communal and individual responsibility.

Lestschinsky classified three types of philanthropic and charitable organizations in Vilna according to their connection with the religious-ceremonious traditions. They are:

- Strictly religious societies, whose activities were isolated from the secular welfare organizations and did not reflect the economic and social changes in the communal life;
- Religious institutions, which collaborated with secular organizations and, to some degree, adjusted their activities according to the altering situations;
- Secular organizations, whose activities were motivated by national and humanistic ideas rather than by religious traditions.

Characterizing the organizations of the third type, he classified their activities into three categories according to their functional implementation: medical and social societies; educational institutions; financial foundations. Lestschinsky examines the dynamics of various forms of Jewish philanthropy and charity. He stated that Jewish welfare tends to the functional changes but that it keeps its national characteristics.

The essential innovation in the development of Jewish welfare at the beginning of the 20th century that Lestschinsky saw was the transition of Jewish philanthropy

³ *Shulchan Aruch* ("Set Table") is a compendium of those areas of the *halachah*—Jewish religious law—that are applicable today. It was composed by Rabbi Yosef Karo of Safed (Israel) in the 1560's, and became generally accepted as authoritative after Rabbi Moshe Isserles of Cracow (Poland) supplemented it in the 1570's with notes (known as the *Mappah* – "Tablecloth") giving the rulings followed by Ashkenazic Jews. <https://torah.org/series/shulchan-aruch>

from “the chaotic Tzedokoh⁴ to the organized self-help” (Lestschinsky, 1914, p. 14). The creation of the secular philanthropic and charitable organizations of the third type inside the separate Jewish community became a common phenomenon from the 1860s. Lestschinsky indicated that initially, the idea of creating such organizations was exclusively an initiative of individuals. However, “gradually, the separate interests of individual Jews gave way to the national interests of Jewry” (Ibid.).

By the beginning of the 20th century, Jewish benevolence was not isolated by the borders of the unconnected Jewish communities, and Jewish philanthropy had national and humanistic origins rather than a religious one.

OSE, the First Decade of Activity (1912–1922)

In 1912, the OSE officially began its activities on the territory of the Russian empire. The needs to create the health care society were essential both for the Jewish population and for Jewish medical professionals. The Jewish people, especially those living in the Pale of the Settlement, were practically deprived of *Zemstvo* medical service's benefits. At the same time, *Zemstvo* rejected the cooperation with Jewish medical providers⁵. The first Chair of the OSE was the physician and rear admiral Semyon A. Kaufmann. The founders of the OSE were prominent medical professionals and public figures. They outlined the immediate tasks of the organization in the first OSE's publication (1913) *Zadachi ohraneniya zdorov'ya russkikh evreev* [The tasks of protecting Russian Jews' health]. They saw the primary aim of the OSE in improving medical service for Jews in the Russian Empire as self-defense action.

By the beginning of World War I, the OSE created a vast chain of medical institutions over the whole Pale of Settlement. The OSE managed nurseries, sanatoriums for tuberculosis patients, summer camps, and Jewish hospitals.

World War I destroyed the original plans of the OSE. The needs to assist Jewish refugees expelled from the war-zone settlements changed the organization's purpose. The OSE formed the “flying detachments”, sanitary squads that rendered medical and social relief to refugees and escorted aliens to new settlement places. Approximately 250–300 thousand Jews were expelled from the war-zone settlements; 170 thousand refugees received support from the OSE.

In his book *Twenty Five Years OSE, 1912–1937*, Lazar Gourvitch, one of the founders of the OSE, wrote:

On May 5, 1915, an order of the Front Command was published decreeing the wholesale expulsion of the Jews from the two provinces. The order affected over 150,000 people (...) In the evening of May 5th, 1915, the OSE executives met

⁴ *Tzedakah* is the Hebrew word for philanthropy and charity. It is a form of social justice in which donors benefit from giving as much or more than the recipients. So much more than a financial transaction, *tzedakah* builds trusting relationships and includes contributions of time, effort, and insight. <https://www.learningtogive.org/resources/jewish-philanthropy-concept-tzedakah>

⁵ For more information about *Zemstvo* vs Jewish medical service see dissertation of Epstein, L.R. (1995). *Caring for the soul's house: The Jews of Russia and health care, 1860–1914*. (Publication No. 9615222) [Doctoral dissertation, Yale University]. ProQuest Dissertations and Theses.

to discuss the situation. Quick decisions and prompt help were indispensable. The question of funds was not discussed (...) After a few telephone calls, the bacteriological laboratory of Dr. Gran was crowded with excited young people. Contact was established with Jewish chemists and in the same night several field dispensaries were ready. The preparation of supplies of food, linen and clothing was proceeding simultaneously. In the morning of May 7, 1915, four detachments were formed and left at once. (Gourvitch, 1937, p. 24)

A worker of one the OSE detachments depicted his experience:

Immediately on our arrival, we had to get busy. There was no time even to think of how to organize our work. We were met by a thousand queries (...) Did you ever see a whole Jewish town on the move? We saw it with our own eyes. Six thousand people, including a whole alms-house with senile men and women and an orphanage; scanty belongings, picked up haphazardly, lying about on wagons (...) Our ambulance is functioning; several hundred patients have been treated in these days (...) The food distribution centre works the whole day long. We are distributing thousands of food rations (...) The march to the nearest railway station was an endless agony. Only with the greatest difficulty was it possible to get wagons for the old people and invalids (...) The villagers were afraid to hire their wagons to the Jews even against generous payment. (Gourvitch, 1937, p. 27)

The OSE cooperated with international humanitarian organizations, such as the American Joint Distribution Committee, the Red Cross, and local Jewish humanitarian units.

OSE, Interwar Period, 1922–1933

After the October Revolution (1917), the OSE continued to work in Soviet Russia until 1922. Being attracted by the significant financial support from the American Joint Distribution Committee (AJDC), the Soviet government permitted the OSE to operate in Soviet Russia. When the AJDC stopped to support the Jewish welfare organizations, all the OSE branches were immediately liquidated by the government order. The OSE leaders have made several attempts to restore the OSE legal status in Soviet Russia, but all of these efforts were ineffective. All letters of the appeal came back with the resolution—“to refuse due to the political reason”⁶.

The OSE ceased all projects in Soviet Russia in 1922. In the same year, the OSE established a headquarter in Germany and appointed Albert Einstein to serve as honorary president. Naturally, the fact of his presidency affected the reputation of the OSE and made a real help in fundraising campaigns. In his book *In Kamf fan Gezunt fun Idishn Folk: (50 yor OSE)* [In Fight for the Health of the Jewish People (50 Years of

⁶ For more information about the activities of OSE in Soviet Russia in 1920s, see the publication of Beizer, M. (1999). *Evrei Leningrada. Natsional'naya zhizn' i sovetizatsiya, 1917–1939* [The Jews of Leningrad. National life and sovietization, 1917–1939]. Jerusalem, Israel: Gesheirim

the OSE)], Dr. Leon Wulman, a founder of the American OSE Committee, noted an episode when Einstein performed a violin's solo concert in his house (Wulman, 1968). All revenues from this concert were donated to the OSE.

In Germany, former leaders of the OSE continue their effort to provide a humanitarian help for Russian Jews. The German section of the OSE cooperated with the Red Cross, the American Joint Distribution Committee, and the Nansen Mission.

Ernst Papanek (1900–1973) was an Austrian-born child psychologist and educator known for his work with refugee children during and after World War II. He depicted the Berlin's period 1922–1933 in the OSE activity:

A group of OSE workers in Berlin, in cooperation with JDC and a special Paris Aid Committee, was sending food supplies and medical aid into Russia and setting up institutions for about ten thousand children. At this stage of its history the OSE reached its most energetic heights—and its most Revolutionary fervor—as thousands of Jewish intellectuals joined with the doctors to stir the political consciences of the Jewish masses. (Papanek , 1975, p. 35)

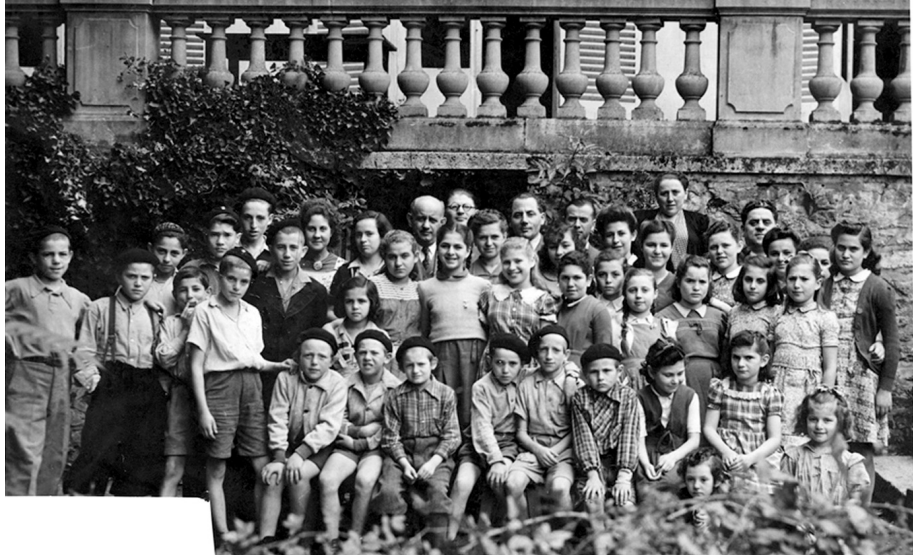
After the Treaty of Versailles (1919), the OSE founded new branches in Poland, Lithuania, Latvia, and Romania. In 1929, the OSE established its branch in the United States. In 1933, the German headquarter of the OSE moved to France and legally registered in France under the name OSE-Union on August 13, 1933. Eugene Minkowski, a French psychiatrist born in St. Petersburg and educated in Poland, was appointed as the president of the OSE-Union.

OSE, WWII Period

The OSE made significant efforts to shield Jewish children from deportation to the concentration camps. In order to protect children, especially of foreign origins, who arrived in France without identity papers, the OSE opened children's homes. The first home was opened in Montmorency in 1938. From 1938 to 1944, eighteen secular and religious homes functioned in France. In his memoirs *Out of the Fire*, Ernst Papanek, a director of the children's homes in Montmorency and Montintin from 1938 to 1940, emphasized the OSE's two main tasks. The first task was "quite simply, to save as many children as possible" (Papanek, 1975, p. 13). The other task was to make sure that children "not only survived but survived whole" (Papanek, 1975, p. 14). In a more concrete way, children's survival "in whole" referred to their physical and mental well-being, as well as children's education and vocational training.

Papanek wrote:

Our first educational goal was to assure the children, explicitly and implicitly, that nothing that had happened to them had been their fault. The second was to convince them that the persecution they had suffered was not their inevitable fate as Jews. The third was to create an educational system that would return them to the world with a sense of pride, accomplishment and social consciousness. (Papanek , 1975, p. 116)

Figure 2*Children's Home in Montmorency, 1939*Retrieved from <http://collections.ushmm.org/search/catalog/pa1160588>

Vivette Samuel, a resident social worker in the camp of Rivesaltes for foreign internees wrote in her memoirs:

Three types of solutions were contemplated with regard to the dispersal of the children: placement in a secular or Christian institution or family under a false identity; a clandestine crossing of the Swiss border, intended first for those at the greatest risk, notably the boys (...) and emigration to Palestine, via Spain. (Samuel, 1995/2002, p. 96)

Samuel called the period of 1942–1944 a turning point in the chronicle of rescuing children, and she stated that after 1942, the rescuing Jewish children ceased to be only a Jewish problem. People had different motivations driving them to take part in rescuing children. Papanek recounts: “The first people we hired were mostly refugees who had fought in Spain. They were idealists. They were adaptable. They were powerfully motivated” (Samuel, 1995/2002, p. 154).

Papanek also wrote about philanthropists, many of whom were wealthy liberal French Jewry and they were “acting out of humanitarian rather than narrowly Jewish impulses” (Papanek, 1975, p. 52). The Baroness Pierre de Gunzburg donated over one million francs to the OSE. Papanek notes that the Baroness “wanted us to understand that she was a completely assimilated Frenchwoman who wasn’t giving us the money because the children were Jewish but only because they were children who happened to be in danger” (Papanek, 1975, p. 45).

Figure 3

Ernst Papanek (1900–1973)



Ernst Papanek and the children of Villa Helvetia

Retrieved from <https://www.ose-france.org/wp-content/uploads/2021/03/Tokayer-016.jpg>

It is necessary to note that the doors of OSE children's homes were always open for non-Jewish children, the majority of whom were children of German and Austrian political refugees.

The OSE received significant funds from the American Joint Distribution Committee (AJDC). During the war, the money was transferred via the Red Cross to a branch of the OSE located in Geneva, headed by Dr. Boris Chlenov.

Ernst Papanek wrote about financial help of the AJDC:

The Joint Distribution Committee had supplied most of their money. And it was an enormous sum (...) immediately after the war the Joint ordered that all Gentiles to whom money was owed be paid off. Whatever they said was due them—and no questions asked. Six million dollars was paid out retroactively, mostly to people who had lent the money or performed the services with no real expectation, or even desire, of ever being reimbursed. (Papanek , 1975, p. 254)

Vivette Samuel wrote in her memoirs about the support that the OSE got from Catholic and Protestant churches, from the American Friends Service Committee (Quakers), and from secular charitable organizations that provided food, shelter, false baptismal certificates, and identification papers.

Judith Baumel, Holocaust historian, in her book *Unfulfilled Promise: Rescue and Resettlement of Jewish Refugee Children in the United States, 1934–1945*,

emphasized the special and unique role of the American Friends Service Committee (Quakers), whose “contribution towards the rescue of refugee children was indispensable” (Baumel, 1990, p. 68). The AFSC supplied food and provided medical care to refugee children. But importantly, according to Baumel, was the special role of AFSC in negotiation with German government officials and the Laval government for the transfer of children from France to the United States.

From 1938 to 1944, the OSE existed legally, quasi-legally and illegally, which complicated its activity accordingly. Until 1942, OSE work was legal and “much of the work was supervised by officers of the newly formed Vichy government” (Baumel, 1990, p. 343).

Transitioning from quasi-legal to illegal activity began in November of 1942, when Germans occupied Vichy France. In February 1944, the OSE was forced to close all children’s homes, as well as its offices and service centers. However, it continued its clandestine activities and protected thousands of children. According to Hillel Kieval, a historian of Jewish culture, during World War II, the OSE protected approximately 8–9 thousand of children from deportation (Kieval, 1980).

During WWII, the American Committee of OSE maintained contact with the World Union of OSE and with Jewish and general relief organizations in the United States, developed and supported OSE’s branches in South America, South Africa, and Australia and continued medical research suspended in Europe because of the war.

Each issue of *American OSE Review* (Jan/Feb 1942–Fall 1951) published research articles dedicated to different aspects of medical and social care of Jews. The scope of topics of these publications concerned problems of neuro-psychiatric rehabilitation of children in post-War Europe, issues of organization of medical care in liberated regions, and disputed pro et contra of the immigration to tropical countries.

How the scope of OSE general mission and vision changed over this period of time? The American Committee of OSE’s membership invitation booklet (circa 1943) described the OSE as “the only world-wide Jewish organization which concerns itself with Health Problems of Jews everywhere”. The OSE “helps victims of poverty and disease, cares for destitute and homeless children, and strives to maintain life and health amidst need and desolation” (American Committee of OSE, circa 1943).

The OSE declared six tasks of its mission. They were:

- to advance, safeguard, promote and protect the interest and well-being of Jews in Europe and other countries or wherever necessary;
- to help popularize the principles of health and hygiene among the Jewish people; to promote physical education and sports among Jews;
- to gather statistical data on population problems and population changes among Jews;
- to render medical assistance to Jewish refugees during immigration and upon arrival to final destinations;
- to render assistance to Jewish physicians’ immigrations to other countries and assist them in adapting themselves to new conditions;
- to cooperate with various organizations, scientific bodies, research institutes and foundations in the fulfillment of the above-mentioned purpose.

Figure 4

American Committee of OSE, Inc. Membership Pamphlet. Circa 1943

AMERICAN COMMITTEE OF OSE, Inc.
24 West 40th Street • New York 18, N. Y.
Tel. LOngacre 5-3905

•

Honorary Sponsors:

PROF. ALBERT EINSTEIN
EMANUEL LIEBMAN, M. D.
MILTON J. ROSENAU, M. D.
JULIUS BRUTZKUS, M. D.

Executive Board:

A. J. RONGY, M. D., Chairman
DR. B. PREGEL, Co-Chairman
I. I. GOLUB, M. D., Vice-Chairman
D. JEDWABNIK, M. D., Vice-Chairman
DR. CH. BREYNER, Treasurer
L. WULMAN, M. D., Secretary

Members:

A. BROWN, M. D.
L. LAZAROWITZ, M. D.
N. RATNOFF, M. D.
L. ROSENTHAL, M. D.
I. S. WECHSLER, M. D.

WHAT DOES "OSE" MEAN?

The letters O. S. E. are initial letters of words meaning: Organization for the Protection of the Health of the Jews (founded in 1912).

The OSE is the only world-wide Jewish organization which concerns itself with Health Problems of Jews everywhere.

WHAT ARE THE PURPOSES OF OSE?

- a) to advance, safeguard, promote and protect the interests and well-being of Jews in Europe and other countries or wherever necessary;
- b) to help popularize the principles of health and hygiene among the Jewish people; to promote physical education and sports among Jews;
- c) to gather statistical data on population problems and population changes among Jews;
- d) to render medical assistance to Jewish refugees during immigration and upon arrival to final destinations;
- e) to render assistance to Jewish physicians immigrating to other countries and assist them in adapting themselves to new conditions;
- f) to cooperate with various organizations, scientific bodies, research institutes and foundations in the fulfillment of the above purposes.

WHOM DOES THE OSE HELP?

The OSE helps victims of poverty and disease, cares for destitute and homeless children, and strives to maintain life and health amidst need and desolation.

From private collection of Olga Potap

The fundamental changes of the OSE status and its mission by the end of WWII resulted in creation of a world-wide network of its branches and stated intention to cooperate with secular and religious organizations all over the world.

OSE, after WWII Period, 1945–1950

By 1948 the OSE maintained 32 branches in Europe, Latin America, North Africa, Israel, and Australia. The OSE established, run, and supervised over 500 medical and social institutions to provide health and social services to deportees. However, the children's relief mission again was named as the most critical task of the organization.

The first objective was to take the children out of the families or institutions where they had been hidden and give them back their true identities. The OSE tried to find the children's families and took care of the children who remained alone. The OSE gradually reopened its former homes. Twenty-five homes were opened in 1945 hosted up to 1500 children.

In addition to the "children mission", the OSE actively participated in the fight against the "three Ts" (tuberculosis, trachoma, and tinea, or ringworm) in North Africa.

Figure 5
OSE's Publications



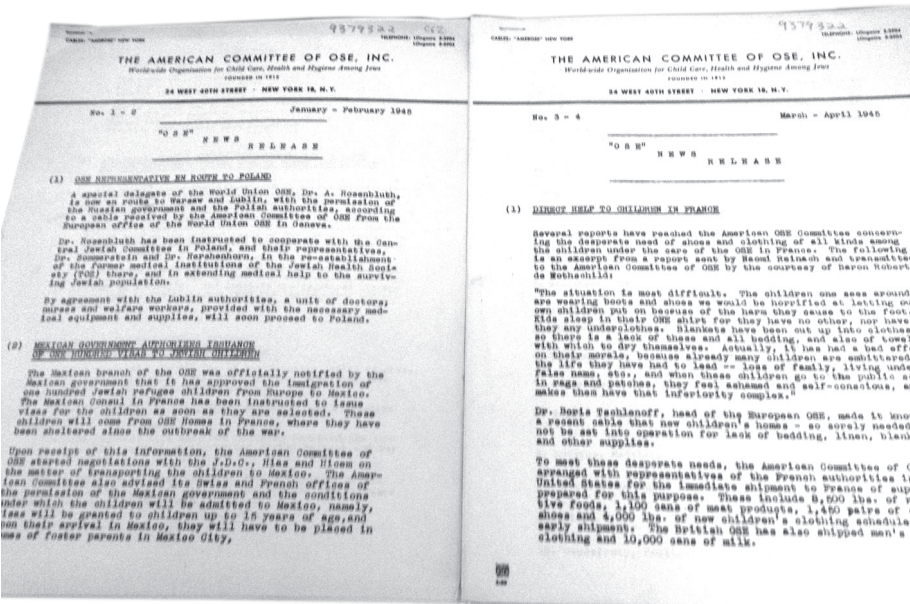
From private collection of Olga Potap

In 1947, JTA (Jewish Telegraphic Agency) reported:

The OSE, Jewish health society, is planning to extend large-scale medical and social assistance to the Jews of Morocco and other North African countries, the organization announced here today. Mrs. Valentine Cremer and Maurice Brener, members of the OSE Union's executive board, who recently returned from an inspection tour of Jewish communities in North Africa, reported that the physical conditions under which Jews live in the *Mellah* (ghetto) are indescribably miserable. They disclosed that 60 percent of all children are affected by scabies and that rickets and tuberculosis are highly prevalent. The OSE has already shipped quantities of drugs and vitamins to Casablanca. (OSE planning to extend medical, social aid, 1947)

A few words about Dr. Valentine Cremer (1885–1983), an active member of the OSE for over decades. Valentine is the daughter of a famous Russian lawyer and politician, Maxim Vinaver (1863–1926). Valentine Cremer began her medical studies in Petrograd during WWI. In 1915, she was a member of the flying detachments of the OSE, which supervised the convoys of thousands of Jews expelled from the Pale of Settlement. During the Russian Revolution 1917, Valentine participated in the capture of the Winter Palace as a nurse in a Zionist group led by Joseph Trumpeldor.

Figure 6
American OSE's Publications 1945



From private collection of Olga Potap

In a few years, she settled in Paris, where she completed her medical specialization in radiology. Valentine Cremer joined the French branch of the OSE from its creation in 1934; she organized the arrival of children after the *Kristallnacht*. A member of the OSE executive committee in 1939, doctor Cremer was first active in Paris, at the Rothschild hospital. In 1942, she joined the management of the OSE in Montpellier. In 1947, she was one of a few OSE's representatives who visited North Africa and established the OSE branches there.

The OSE projects were coordinated with and supported by many Jewish and non-Jewish religious and secular organizations. In 1948, *OSE Mail* published the appeal for help addressed to the countries through which refugees passed and hoped to find asylum. This appeal states: "It is also the duty of each individual (...) to support the work of the humanitarian organizations in their effort towards the relief of suffering refugees" and thus toward the creation of a "brotherly world" (*OSE Mail*, 1948).

Working with Holocaust Survivors (First and Second Generation), 1960–present

In 1951, the French Republic awarded the OSE the honorary title of *Utilités Publiques Institution* as a recognition of exceptional services to the population of France. At the same time, the OSE started implementing pilot projects in medico-social, educational, and other socially significant spheres for their subsequent replication in France and

other countries financed by government agencies and private foundations. Such projects began to be implemented by the OSE in the early 1960s.

The objectives of the programs were the following:

1. Medical, social and educational, and hygienic assistance to the most vulnerable groups of the Jewish population, openness to those in need of help, regardless of ethnic and racial origin and political orientation.
2. Cooperation with state, administrative, and associative cultural and fund structures in the framework of implementing necessary projects.
3. The social significance of projects on the scale of the most urgent state and local tasks of the countries of residence.
4. High quality of implemented projects based on the most modern innovative technologies.

To organize practical cooperation with the state, public, and private institutions, an Administrative Council was created. It was comprised of experienced state leaders, owners of investment funds, lawyers, and well-known public figures. The first President of the Holocaust Memorial Foundation, later the First President of the European Parliament, Mme Simone Veil (former prisoner of Auschwitz), was a member of the Administrative Council of the OSE. At the same time, a Scientific Committee was organized with the participation of reputable scientists aimed at elaborating innovative projects and ensure their subsequent supervision.

Two main driving trends of the OSE activities were:

1. Implementation of innovative techniques, insufficiently profiled in other institutions;
2. Assisting to the population groups that cannot find aid in public and private institutions for various reasons (social, financial, religious).

The main activities of this period were intended to protect children and adolescents' physical and psychological health for their harmonious rehabilitation. This field of activity also covers the non-Jewish population—families of migrants from African and Asian countries with complicated socio-cultural adaptation.

Countries with the most successful economic systems, advanced medical technologies, and the most prosperous social security systems face a global demographic problem—the aging of the population. A significant increase in the number of older adults with functional, psycho-social problems is typical for this age group, especially the presence of combined chronic pathology that creates preconditions for the loss of autonomy in daily activities. The OSE's response was to search for an adequate and targeted system of medical and social security, psychological support for this category of the population and their family members—spouses, children, etc. As always, the OSE focuses its efforts on the most disadvantaged group requiring additional attention comparing to the majority of the population. Traditionally, this is the most vulnerable part of the Jewish population.

The OSE paid particular attention to the following groups:

- Elderly Jews who survived Nazi occupation in death camps (Holocaust)—the older generation; or in illegal settlement in France (“hidden children”)—the younger generation.

- Jews—immigrants from the decolonized countries of North Africa forced to leave their countries of residence in 1950–1960 because of the Arab-Israeli conflict.

In order to understand better medical, psychological, and social status of the groups for patronage in the elderly population category selected by the OSE, a brief historical overview is needed.

Immediately after the end of World War II, the OSE France never lost sight of individual special programs for Holocaust survivors. The main OSE projects were: orphanages for war orphans; archives for tracing of relatives for family reunification, later for the payment of the contributions by Germany.

The important task was the provision of medical and social security and psychological support for a large number of displaced persons who looked for the shelter in France. They arrived semi-legally from the countries of Eastern Europe and North Africa where they faced hostility from members of the local population who shared anti-Semitic prejudices. The overwhelming majority of survivors in the death camps were young people who had lost their relatives and friends. They were physically and psychologically exhausted; they did not understand the reasons for the many years of sufferings that fell upon them. Therefore, they rejected faith in God, people, justice, and any definitive future. A significant part of them were immigrants from Poland, where, upon leaving the camps, they set out to start a new life where it was interrupted. They have seen the unfriendliness of their neighbors who, based on the wide-spread anti-Semitic sentiments, revealed a reluctance to give back property. The situation often resulted in violence and mass pogroms. They left Poland with the words: “You can’t live in a cemetery”; many of them became displaced and ended up in displaced persons camps in Germany often located in former concentration camps guarded by the occupying forces of the victorious countries. Lacking work and psychological support, they turned into “ghosts”. The most persistent and enterprising of them tried to leave the camps in both legal and illegal ways, contacting their surviving relatives in the United States, in England, which had a mandate to temporarily rule Palestine, and in some countries of Western Europe.

The Jewish agency *Sochnut*, a non-governmental institution, did everything possible to help those who survived after many years of suffering (mainly young people) to return to everyday life while preserving Jewish cultural traditions, and settling in countries with a democratic post-war system (with the opportunity to participate in the construction of the nascent state of Israel in the future). For many, such a country turned out to be France, where many Jews escaped from the Nazi-occupied territories. The French government probably was burdened with a fresh memory of the crimes of the pro-fascist occupation regime did not mind their arrival.

The OSE provides medical and psychological support to survivors. The ORT⁷ offers professional training that allows the participants to master profession quickly, taking into account individual psychological characteristics, family traditions, and

⁷ The ORT is a global education network driven by Jewish traditions. Since its foundation in 1880, the ORT has been transforming lives through training and education. Starting from teaching Russian Jews professions in the 19th century, the ORT has evolved to provide 21st-century skills to empower people and strengthen communities. <https://www.ort.org/en/about-ort/about>

market demands. The American Joint Distribution Committee (AJDC) provides financial support to the OSE and the ORT.

Handicraft professions in clothing and footwear making met these requirements optimally due to the ability to create small family businesses quickly, constructive manual activities suitable to getting started at home with a simple universal technique (sewing machine), and high demand for labor products in post-war France. Such work undoubtedly stimulated the creation of traditional family relationships among those who had lost all or most of their loved ones when loneliness aggravated psychological traumas.

In many cases, the couples quickly formed strong marriages. Men and women met at the ORT's classes, in the OSE's clinics, in synagogues, where a significant part of Ashkenazi rabbis (who also escaped extermination) provided single young people the possibility to get acquainted according to traditions but without emphasis on religious rites (taking into account the complicated attitudes towards them amongst many).

A typical household family situation of that time (about 1950) could be described as such: a family rented a three- or four-room apartment in a relatively cheap area (the former area of compact residence of deported Jewish artisans). One room is a master bedroom, the second one is a nursery, the third room is a workroom with equipment, and a living room, if possible. A family members worked 12–14 hours a day. The finished products were sold in the market, where, simultaneously with the sale of goods, socialization processes took place—acquaintances were formed and meetings with fellow citizens happened. This created a cultural community, family friendships, and professional unions.

It should be especially noted that while partially retaining some nostalgic cultural autonomy of the *Yiddishkeit*⁸ (concerts, performances, newspapers, and magazines, and sharing the ideological views of pre-WWII families—the Bund, the Jewish workers' party from Russia and Poland), the new community quickly adapted to the French social and cultural life. This adaptation was coupled with a keen interest toward political news, popular music, and literature. Children learned about the French culture in schools and gathered for summer holidays in sports camps of the scout type.

Over time, the family shops, small enterprises for the production of accessories replaced the spontaneous market. Financial well-being increased, and people bought out the apartment they rented. They began to go to the seashore for vacation, purchase real estate there. Travel abroad became fashionable. The grown-up children entered higher educational institutions, received prestigious education, and became full-fledged French citizens.

The following are extracts from three different life stories of survival as they were told. These are the fates of people who did not want to surrender in adverse circumstances and who were strong enough to resist them even when the hope of salvation was faint. The testimonies are expounded by Grigori Nekritch.

⁸ The quality of being Jewish; the Jewish way of life or its customs and practices. <https://www.lexico.com/en/definition/yiddishkeit>

Testimony 1

Mr. H. was born in Poland in a very poor, large family in a small village. He was the oldest son. He graduated from the primary religious school, which was compulsory for all Jewish boys of that time—the *Heder* school, which means room. It really was a room where the teacher (*melamed*) taught literacy, gave initial knowledge of Jewish religious and cultural history (through reading the *Torah*) and (which is very important) methods of further education. The main thing in the methodology was to instill an unlimited curiosity and a desire to learn. We know what role this technique played for many scientific and creative discoveries of the 20th century.

However, the circumstances of life often did not allow them to continue their education and our hero ended up with *Heder* education. Afterwards, it was life itself that became his teacher. At the age of ten, despite an ardent desire to continue his studies, he went to work as an auxiliary worker. His father said: “A payment for your studies will make it impossible to buy bread for the other children”. He worked and helped to support his family.

In 1939, Poland was occupied by the Nazis. H. was seventeen years old. In the first days of the occupation, he saw terrible scenes of humiliation and violence against the Jews. Father said: “We will all perish, only you have an insignificant opportunity to be saved alone. Try to take the risk of illegally crossing the border with the USSR. Nobody knows what will happen there, but nobody will survive here”. An attempt to cross the border with a few daredevils succeeded.

In the Soviet Union, he was immediately asked to accept Soviet citizenship. From contacts with the local Yiddish-speaking population (which allowed informal, confidential communication in an unfamiliar environment), H. realized that he would lose even a minimal hope of returning to the homeland. He refused and was exiled along with other “refuseniks” to a labor camp in the Northern Russia. Accustomed to work, experiencing physical and psychological difficulties but keeping the ability to adapt and look for any chance in the situation of constant danger of being broken and destroyed, H. survived in unbearable conditions.

After the war, he returned to Poland in the hope of finding relatives. But none of the relatives survived. In search of at least some evidence of the last days of the family's life, H. faced savage manifestations of anti-Semitism, insults and physical violence. H. got out of Poland illegally, trying to leave for the Palestine, which was under British mandate.

He was detained by the British authorities who blocked all routes and sent H. to Germany to a camp for displaced persons, where people who survived all the horrors of war and left without family and shelter were gathered. These camps were guarded by the occupying forces of the victorious countries depending on the zone of their deployment. With the help of the guards—Yiddish-speaking soldiers in the Soviet, American, and British military units, —he made his living by selling and exchanging scarce goods (cigarettes, etc.).

Ultimately, with the support of the Jewish International Agency H. got to Paris semi-legally, alone, without work, without a place to live, without knowing the language, with the burden of what he had experienced (...) He found the surviving

Jewish “returnees” and found his first job—a clothes ironer. At the ORT, he began to study the craft—sewing clothes. In search of acquaintances, with the invitation of the rabbi, he visited the synagogue on Friday evening, where he met a young woman from Poland, who from the age of sixteen went through several ghettos and concentration camps and survived the “death march”. Thanks to the archival social service of the OSE, the relatives of H. found him. Before the war, these relatives settled in France and survived the occupation in a refuge granted by the noble French men.

H. and his fiancé soon got married, two children were born. A family rented an apartment, acquired a sewing machine, worked in turns sixteen hours a day, took the finished products to the market, where they learned everyday French—the home language of communication had always remained Yiddish. In the 70s, they bought their own boutique selling winter clothes and sheepskin coats. There were always many Russian visitors, performers, and tourists from the USSR. H. spoke Russian with pleasure, telling them of his experiences in Russia, recalling the Russian people with great sympathy. Children graduated from universities; one became a doctor and the second a film producer. H. has grandchildren. H. and his wife managed to travel around many countries as tourists, visited Israel, went to concerts, and participated in charity events.

In 2000, the wife became seriously ill, lost her autonomy, became a regular patient of the OSE gerontology service, and received psychological support. He categorically refused to place her in a nursing home, doing all the care work himself for many years. The only organization he trusted was the OSE, which helped him and his wife greatly.

Testimony 2

Mr. N. was born in Galicia into a Jewish family. During the first twenty years he changed his citizenship several times without ever leaving his home. After the fall of Austria-Hungary in 1919, his homeland became Ukraine, then Poland, and in 1939—the USSR.

Before WWII, N. was drafted into the Soviet Army, which ultimately saved his life because the Nazis utterly destroyed all Jewish communities of this region. In the hostilities of WWII, he was a soldier of the Red Army in the mountains of North Caucasus, where the enemies were well-trained detachments of German climbers. His military unit holding the defenses was surrounded by the Nazis and locked in the gorge. The Nazis waited for the morning to take them prisoners.

It was in October, and there was snow in the gorge. Many were wounded but could not get medical assistance; they screamed expecting death sentence for Jews next morning. This was the evening of the Jewish holiday of *Sukkot* (the holiday of Tabernacles in Christian tradition). To distract from the chaos that reigned around and the expectation of the inevitable, Mr. N. along with other Jewish soldiers begin to collect wooden debris and build a traditional hut with appropriate traditional rituals; so the festive night passed.

In the morning, everyone who could hold a weapon was ordered to go for the breakthrough. Very few managed to break through and rejoin the army. Mr. N. was

seriously wounded, evacuated to the rearward area, spent a lot of time in hospitals, and continued the war as part of auxiliary construction units in tough living and weather conditions.

After the war, he returned to his hometown, but did not find anyone from the family. He took advantage of the unsettled system of border control of the initial post-war months when the military conflict of the Red Army and Ukrainian nationalists continued, illegally left the country and, having gone through a lot of obstacles and camps for displaced persons, ended up in a column of the French returning home after being freed from forced labor in Germany. So, he ended up in Paris in the same situation—loneliness, without knowledge of the language and professional skills.

N. followed the same path as the previous witness—the psychological and medical assistance of the OSE, a short professional training at the ORT—and got a wishful profession of a furrier. He spent many hours of daily work for hire, had a profitable independent business, and had a material well-being until the termination of professional activity. Soon after his retirement, his wife died, children left; as a result, loneliness and the loss of the dear ones triggered a sharp deterioration in health and impaired cognitive functions. Behavioral problems rapidly progressed; an anxiety syndrome with a paranoid component developed; moments of confusion, autism, conflict with children arose and progressed.

He was put to the OSE gerontological center with a particular rehabilitation program for those who suffered severe psycho-trauma at a young age. His children completed a specialized course for family assistants of elderly Holocaust survivors⁹.

Testimony 3

The parents of the narrator were born in the 1930s. They were socially successful, culturally assimilated doctors who did not observe any Jewish traditions, they rarely and reluctantly mentioned their Jewish roots. Nevertheless, in adolescence, their children learned that not all of their grandparents survived after deportation. As for the parents, they were hidden in peasant families in small villages. Together with foster parents, they attended Christian services and hid in the forest during Nazi raids.

Their children grew up in a prosperous family, received everything necessary for cultural and professional development; but retrospectively they noted the lack of psycho-emotional parental attachments (the most frequent complaint of children whose parents experienced tragic moments of the Holocaust). Also, their parents never had any close friends, and most of their time was occupied by work.

⁹ It should be added that the process of restoring families of Jewish immigrants from the Arab countries of Northern Africa followed approximately the same scheme. The psychological trauma of this group was not so devastating but also significant (of course, taking into account individual psychological resistance)—upon leaving the countries of origin, this category of Jewish refugees lost their property, their traditional way of life; the climatic conditions also changed. Most of them were religious people; thus, religious organizations helped them in their socialization. By the time of their arrival, the social assistance from the state was more significant. They got social housing and employment benefits from the French state.

By the time of the testimony, the parents were already about 70 years old. Their professional activity was declining after the age of 60. Desocialization worsened, and anxiety appeared based on the expectation of tragic events related to their past. Unfortunately, the children did not have any clue about their parents' past. However, the children were asked to be ready for a quick evacuation in the event of a threat "from the outside". Suitcases with basic necessities were prepared. Parents repeatedly offered joint "training", namely, to go to the forest at night and to orientate themselves on the terrain. Naturally, the children refused to follow these suggestions, which caused serious tension in the family relations.

In turn, children traumatized by these circumstances felt helpless and experienced an increase of the anxiety-depressive state (third-generation trauma). They turned to medical specialists for help and had learned that their parents were diagnosed with progressive mental disorders associated with psycho-trauma suffered in childhood. The doctors stressed that their parents did not recall traumatic events, thus creating distorted projection onto the present leading to inappropriate behavior and a sub-partial and progressive loss of autonomy in everyday life.

* * *

Nonetheless, in France, even a quarter of a century after the end of World War II, the topic of the Holocaust was not an open subject due to "political correctness". Testimonies of survivors of this tragedy were not known by the public, especially by the post-war generation. By early 80s, new historiography appeared and public opinion about the Holocaust has been changed. The direct participation of the political leadership in mass deportation of Jews to death camps, collaborationism, snitching became evident. Public hearings, publications on Holocaust, separate high-profile trials with the witnessing of the victims took place. The world-famous documentary *Shoah* by Claude Lanzmann was released consisting entirely of victims' testimonies. Serge and Beate Klarsfeld published *Le mémorial de la déportation des juifs de France* [The Memorial of the deportation of the Jews of France], which listed the Jews deported from France, died in internment camps or executed in France during the occupation (1940–1944).

In 1995, the newly elected President of the French Republic Jacques Chirac publicly acknowledged the responsibility of France for participating in the Holocaust and called on the country's population to pay tribute to the memory of the victims, to compensate material and moral losses of the survivors as much as possible, and to prevent oblivion of this tragedy in order to not allow new relapses of anti-Semitism. French Prime-Minister Alain Juppé appointed special commission to study in detail the possibilities of compensation to survivors in order to improve their quality of life, provide medical and psychological assistance, and cover social and cultural needs. The government decided to use part of the funds assigned for survivors for continuing research, dissemination of knowledge about the Holocaust among general public, and elaboration of educational programs for the younger generation. A special government decree established the Holocaust Memorial Fund (*Fondation*

pour la Mémoire de la Shoah) for collecting resources of the state and of the donors from different countries.

In addition, practically all French citizens—Holocaust survivors, former prisoners of concentration camps, “hidden children”, some of the natives of North Africa who survived the occupation of these territories and were forcibly mobilized into labor camps, were involved in the Trauma Memory Quality Questionnaire (TMQQ), which was used to determine the strength of post-traumatic stress disorder (PTSD).

For a significant number of the surveyed people, their memories caused negative psycho-somatic consequences and inadequate behavioral reactions; consequently, family relations, especially intergenerational relations, worsened. The children who accompanied their parents to the surveys often for the first time learned about the details of the tragedy experienced by their parents, because the parents rarely and reluctantly shared their experiences with other people in fear of psychological breakdown.

The TMQQ included questions concerning general information about the need of the involvement of psychologists and doctors specializing in diseases of the people of old age—the life period of “accumulation” of various combined chronic diseases and a decrease of psychological resistance.

The problem of the overwhelming majority of elderly people on pensions is a loss of social activity. The children grew up, left their parental homes, created their own families. The OSE specialists—psychologists, gerontologists, psycho-geriatricians, social workers—are called upon to neutralize, if possible, the negative psycho-somatic effects revealed by the TMQQ, and, on a global scale, to create a system of rehabilitation and prevention of complications. First of all, it was necessary to identify the profiling pathology and its features connected with the trauma experienced at a young age. A significant number of the surveyed had various degrees of depression and psychological instability, low self-esteem associated with desocialization, as well as memory impairment of vascular and neurodegenerative character: psychomotor disorders, inadequate behavioral response to external stimuli—unjustified fears, suspicion with the elements of paranoia and negativism.

In 2010-11, in the partnership with leading specialized institutions, the OSE specialists created a pilot project of medical and psycho-social rehabilitation center for elderly patients who have undergone severe, long-term mental trauma in childhood and adolescence. Most of the funding for the project for the first two years was provided by the Holocaust Memorial Fund. According to the project, the foundation of several interconnected specialized centers with different therapeutic areas for psycho-somatic disorders was planned. The ideology of the centers is based on two main principles: firstly, to help elderly patients in their socialization and keeping feasible creative activity; to provide psychological correction and regular qualified medical supervision. The second principle is the assistance for the family caregivers—spouses and children—in providing partial physical and mental relief, psychological support, training in communication and care. The professional staff was hired and trained in accordance with the profile of the center.

The important factor for the survivors is their belonging to the Jewish traditional cultural heritage within which their childhood, adolescence, and post-war years were spent. This heritage is not lost despite the tragic events of the Holocaust. At the same time, according to the long-term tradition of the OSE, the project presupposed free entry into the general programs of elderly people from other religious and cultural backgrounds.

As a part of the larger project of rehabilitation, under the auspices of the OSE social *Café des Psaumes on Rue des Rosiers* in Paris was opened in the center of the area, which until World War II was a residence of Jewish artisans from Eastern Europe. *Café* offers cultural activities aiming to breathe new life into the neighborhood's "Jewish soul". Although the café's priority is seniors, Holocaust survivors and immigrants from North Africa, it is open to all, fostering intergenerational bonds and raising awareness of Jewish culture¹⁰.

The patients who were traumatized by the Holocaust found relief in informal interviews, sharing the memories in the presence of trained psychologists and psychiatrists. The OSE organized a day hospital of medical and social orientation for patients with chronic psychosomatic pathology and partial loss of autonomy in daily activities as a result of psycho-trauma, which plays a significant role in the clinical manifestations of the disease. The staff includes qualified professionals who are responsible for medical supervision, psychological support, social assistance, and cultural stimulation, as well as necessary hygiene care. All specialists regularly improve their knowledge in the field of psycho-trauma correction. The OSE designed a platform for helping family members of patients and organizes regular conferences with the specialists, as well as provides popularization of knowledge about various aspects of diseases and recommendations for care and psychological support.

In few years, the project of medical and psycho-social rehabilitation center was certified by the government, subsidized by the state and recommended as model for replicating. The OSE becomes a focal point, a place for internships of students and specialists, a referent source for the development of new techniques in gerontology. The OSE in partnership with the Holocaust Memorial Fund (leading donor), the Joint and the ORT disseminates the Project's proven results for Jewish community centers in various countries. Together with colleagues from Israel, England, Spain, Germany, Poland, and Lithuania, after numerous seminars in Paris and elsewhere, the Project was replicated and adapted for particular contexts of several former Soviet republics (Lithuania, Russia, Ukraine, Azerbaijan), Israel, Morocco and India. Typically for the OSE's practice, in the partnership with India logistics are carried out by young people of different specialties—OSE's volunteers. Continuous partnership with these countries is maintained in terms of practical and research activities at a collegial level with interested government structures.

¹⁰ Fondation pour la Mémoire de la Shoah, <https://www.fondationshoah.org/en/help-for-survivors/cafe-des-psaumes-oses-community-based-social-cafe>

Covid–19 Pandemic

Amid the Covid–19 pandemic, almost 110-year history of the Society for the Protection of the Health of the Jewish Population (OSE) has once again demonstrated the ability to adapt quickly its professional activities and humanistic orientation to the new circumstances in order to protect the most vulnerable segments of the population in large-scale emergencies.

The Covid–19 pandemic and associated quarantine restrictions are known to have caused the greatest harm to the health of the least protected segments of the population. These are patients with chronic diseases, immune system deficiencies, weakened psychological defenses combined with social vulnerability, loneliness of the elderly—the essence of the OSE's long-term professional specialization. Uncustomary clinical aspects of the disease, especially high contagiousness and unusually complicated clinical course, lack of professional experience, lack of emergency situations personnel caused, at first, a certain amount of confusion among the administrative bodies and political leadership of many countries, including France. Urgent recommendations were needed from reputable institutions accustomed to working in extreme conditions.

Due to its historical experience, the OSE enjoys well-deserved trust, as a recognized center for testing pilot projects that are subsequently replicated in other institutions. The current emergency has been no exception. The OSE became the main advisory partner of the medical and social administrative bodies performing selective monitoring and general analysis of observations of the condition of their permanent wards and participating in the development of specific recommendations.

Sudden, strict quarantine measures with forced isolation of large masses of the population often created insurmountable difficulties, primarily for people with disabilities, especially the lonely and unsocialized ones. At the same time, a large number of medical and social workers got exposed to the virus and were unable to perform their professional duties for a long time.

It is not for the first time in the eventful history of the OSE, that a need arose to quickly adapt the functional activity of its numerous structural units to the new conditions within the framework of the official epidemiological regime prescribed by the authorities. Once again, within the OSE's glorious tradition, there was an appeal for volunteers who were needed to search, alert and establish contact with the “lost patients”—primarily those who did not have access to communications. Also, medical workers were needed who were able to allocate some time to serve the patients—at the medical centers, as well as remotely.

It was “the old guard”, the OSE pensioners, who were the first to answer the call. In some cases, on voluntary basis, the functions were expanded—doctors of related specializations, under the guidance of professional specialists, started to master the necessary methods and techniques of treatment. Most significantly, poly-specialization was needed during mass vaccination (the OSE took upon itself the specialized vaccination of patients with compromised immunity due to various chronic diseases) when vaccine injections are carried out by doctors of various specializations.

To ensure the uninterrupted functioning of various OSE institutions (round-the-clock in some of them—orphanges, shelters for severely disabled people of all ages), the Coordination Center promptly replaced absent employees of other institutions based on the minimized needs of each. Due to epidemiological regulations, all daytime meeting centers were closed—social institutions, clubs, cafes of psychological and social support for the elderly survivors of the Holocaust (“hidden children”) and forced deportees from North African countries. Internet connections were established with the majority of these people, as well as with relatives of patients in day centers for people with disabilities, during the first weeks of total quarantine. Their urgent needs were identified and, as far as possible, resolved.

The OSE monitored and analyzed the general situation among its patients. In a few weeks, a sharp deterioration in the psychosomatic state of many patients, especially those completely isolated, who did not have the opportunity for face-to-face communication with their familiar environment, was determined. The severity of their condition in many cases outweighed the risk of infection minimized by compliance with epidemiological standards. For such patients, at the suggestion of the OSE, the interrupted activities of daily rehabilitation centers were restored, with enhanced system of anti-epidemic measures in place. The life of these patients soon returned to its usual routine.

The OSE experience has been replicated in similar institutions in France.

Conclusion

In the publication dedicated to the 90th anniversary of the OSE, *A Legacy for the Future: 90 years of the L'Oeuvre de Secours aux Enfants* [Une memoire pour le futur, 2003], the OSE mission statement was presented as follows:

After its foundation ninety years ago in St. Petersburg, the OSE carries on, develops, and diversifies its activities and remains faithful to the moral principles that have prevailed since its creation: solidarity, humanity, and remembrance of the past (...). As a Jewish organization, the OSE

Figure 7

OSE's Staff Member amid COVID-19. In the Background is a Picture of Moses ben Maimon (1138–1204), a Rabbi, Physician, and Philosopher. Very Symbolical



From private collection of Grigori Nekritch

keeps the moral principles and the sense of solidarity of Judaism alive. However, the association is open to all the religious and spiritual communities of France. (Une memoire pour le futur, 2003, p. 124)

For more than a century, the international organization OSE has demonstrated to the world the enduring importance of eternal human values, which are historically shared by Jewish people—the ability to resist the evil, compassion, solidarity, striving for social justice, advanced professional knowledge, and, if necessary, self-sacrifice. The results of the OSE's activities in the 20th century, full of dramatic events, showed the validity of its conceptual, professional, and humanistic principles. Each stage took place in the context of global conflicts of the time and, at the same time, was an adequate response to the vital needs of the weakest.

References

American Committee of OSE, membership pamphlet. (circa 1943). New York: The American Committee of OSE. Located Widener Library, Harvard University.

American OSE Review. (1944). No. 2. New York: The American Committee for Protection of the Health of the Jews—OSE. Located Widener Library, Harvard University, [PJud 110.659].

Baumel, J. T. (1990). *Unfulfilled promise: Rescue and resettlement of Jewish refugee children in the United States, 1934–1945.* Juneau, AK: Denali Press.

Dubnow, S. (1958). *Nationalism and history. Essays on old and new Judaism.* Philadelphia: The Jewish Publication Society of America.

Gassenschmidt, C. (1995). *Jewish liberal politics in Tsarist Russia, 1900–1914: The modernization of Russian Jewry.* New York: New York University Press.

Gourvitch, L. (1937). *Twenty five years OSE, 1912–1937.* Paris: OSE.

Halpern, B., & Reinhartz, J. (1988). Nationalism and Jewish socialism: the early years. *Modern Judaism*, 8(3), 217–248.

Kieval, H. J. (1980). Legality and resistance in Vichy France: The rescue of Jewish children. *Proceeding of American Philosophical Society*, 124(5), 339–366.

Lestschinsky, Ya. (1914). *Evreiskaya blagotvoritelnost goroda Vilna* [Jewish philanthropy in Vilna]. St. Petersburg: Vestnik evreiskoi obschiny.

OSE Mail. (1948). Geneva-Paris: Information Department of the Union O.S.E. Located YIVO Library, NY, periodical collection.

OSE News Release. (1945). New York: The American Committee of OSE. Located Widener Library, Harvard University [PJud 9379322].

OSE planning to extend medical, social aid to Jews in North African communities. (1947, March 30). *The Jewish Telegraphic Agency*. <https://www.jta.org/1947/03/30/archive/ose-planning-to-extend-medical-social-aid-to-jews-in-north-african-communities>

Papanek, E. (1975). *Out of the fire*. New York: William Morrow & Company.

Potap, O. (2020). The Society for the protection of the health of the Jewish population (OSE in the scope of the contemporary humanitarianism). In L. Venclauskas (Ed.), *Conventions, quotas, refugees: European Jews in 1938–1945* (pp. 37–51). Vilnius, Lithuania: Versus.

Samuel, V. (2002). *Rescuing the children: a Holocaust memoir* (Ch.B. Paul, Trans.). Madison and London: University of Wisconsin Press. (Originally published in French 1995)

Une memoire pour le futur: 90 ans de l'Oeuvre de Secours aux Enfants [A legacy for the future: 90 years of the L'Oeuvre de Secours aux Enfants]. (2003). (bilingual French-English edition). Paris: Somogy éditions d'art.

Wulman, L. (1968). *In Kamf farn Gezunt fun Idishn Folk: (50 yor OSE)* [In fight for the health of the Jewish people (50 years of OSE)]. New York: World Union OSE and the American Committee of OSE.

Zadachi ohraneniya zdorov'ya russkih evreev [The tasks of protecting Russian Jews' health]. (1913). St. Petersburg: Izdanie obschestva ohraneniya zdorov'ya evreyskogo naseleniya.